

Prescribing Directive McCoy 350-2

DATE:

TO:
Directorate Training and Mobilization
ATTN: AFRC-FM-TMT
2168 South 8th Avenue
Fort McCoy, Wisconsin 54656-5156

1. Training period: _____

2. Type of training: _____ MUTA or _____ ANNUAL TNG

3. Training objectives:

(NVG, Weapons Qualification, ARTEP, MOS Training, etc.)

4. (a) UIC: _____ (b) DODAAC: _____

[illegible]

6. Unit's RSC or TAG: _____

7. Total number of personnel to be physically at Fort McCoy:

_____ ARNG
_____ USAR
_____ RA
_____ USMCR

_____ USNR
_____ USAF

_____ OTHER

8. Complete the elements below based on the number of personnel to be PHYSICALLY at Fort McCoy.

ELEMENTS	NO. OFF M/F	NO. EP M/F	ARRIVAL DATE/TIME	DEPARTURE DATE/TIME	MODE OF TRAVEL	OIC
a. Advance Party						
b. Main Body						
c. Rear Detachment						

9. BILLETING REQUIREMENTS

NAF QUARTERS: Rooms reserved in this section require payment. These rooms are TDY quarters furnished with cleaning service and amenities. Units requesting rooms for Generals, Unit Commanders, other officers and senior enlisted will provide the Billeting Office with a roster prior to arrival. Roster will include rank, name, SSN, unit and dates required. FAX rosters to (608) 388-3946. For more information call (608) 388-2107. # of rooms requested:

General Officer	Unit Commander	Other Officers	Sr. Enlisted (SFC-SGM) Male	Sr. Enlisted (SFC-SGM) Female
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AT and MUTA BOQ/BEQ: Rooms requested in this section are for officer and senior enlisted at no cost to the occupant. Unit will sign for rooms, linen and clean rooms for turn-in. Unit may request cleaning service with unit funds or personal payment as a group. Number of rooms required:

Male Officer	Female Officer	Sr. Enlisted (SFC-SGM) Male	Sr. Enlisted (SFC-SGM) Female
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10. BUILDING REQUIREMENTS

Barracks (Cap 50) Male	_____	Female	_____	Dispensary	_____
Admin (Cmd Bldg)	_____	(Bn)	_____	Company	_____
Classrooms	_____	(Capacity each)	_____	Chapel	_____
Dining Facility (Consolidated)	_____	(Company)	_____	(Refrigeration Only)	_____

If not drawing a dining facility, state dining plans (Garrison Mess Bldg 50, dine with another unit or field, etc.)

(For units without organic dining capability, or requiring advance party to be fed, indicate support required in paragraph 16.)

Maintenance Facility _____

11. PARKING SPACE REQUIREMENTS:

Wheeled Vehicles	_____
Track Vehicles	_____
POV's	_____
Aircraft (Number/Type)	_____

12. If training activities required joint facility usage with another unit, state unit, type facilities, and dining plans.

13. POL SUPPORT: (# of gals) MOGAS JP-8 (Ground) JP-8 (Aviation)

14. CHEMICAL LATRINE REQUIREMENTS:

Number of Latrines: Date(s) Required

15. COMMUNICATIONS ELECTRONICS:

a. Sincgars Single Channel (SC)	# of Frequencies	_____
b. Sincgars Frequency Hopping (FH)	200 Freqs: YES / NO	_____
c. FM (AN/VCR-12; AN/PRC-77	# of Frequencies	_____
d. AM (2018.5 Khz - 27950.0 Khz)	# of Frequencies	_____
e. AN/PRC - 127	# of Frequencies	_____
f. VHF	# of Frequencies	_____
g. UHF	# of Frequencies	_____

Telecommunications needs: Request for telephone(s), FAX, modem connections, or mag line(s) support should be submitted on a telephone request form, DA 3938 to DBS IM, BLDG 1941, 2 weeks in advance of required date. Mag line(s) or dial line(s) require a pedestal number for training outside of the cantonment area. Computer/LAN requirements may be addressed by calling the HELP desk X-3737.

16. DINING SUPPORT FROM INSTALLATION DINING FACILITY (BLDG 50): Number of persons each meal: (Units with organic mess, for advance and rear detachments ONLY).

DATE	BREAKFAST	LUNCH	DINNER

17. EQUIPMENT REQUIREMENTS: AT/MUTA Units: Submit equipment request through command channels on FORSCOM Form 156-R to CDR, 88th RSC DCSLOG, ATTN: AFRC-CMN-LG, 506 Roder Circle, Fort Snelling, MN 55111-4009.

18. COPIER REQUEST: Quantity

FAX MACHINE REQUEST: Quantity

DATES REQUIRED:

Commander 's Signature

Commander 's Name (Printed)
Rank